

CA1  
Hu50  
-1999  
F53

31761 11556647 3

Focus group report regarding  
messages on cigarette package  
slides and flip-tops



CA1  
HW50  
- 1999  
F53



**Health Canada – Office for Tobacco Control  
Focus Group Report Regarding Messages  
On Cigarette Package Slides and Flip-Tops**

**February, 1999**

**PN 4385**

**FINAL REPORT**

**Prepared by: Envronics Research Group Limited**



## Introduction

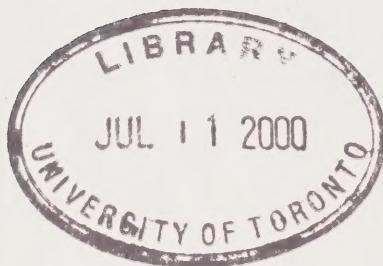
Envirronics Research Group is pleased to present this report on focus group findings to the Office of Tobacco Control of Health Canada. A series of nine groups were convened in mid-December, 1998 – three in each of Ottawa, Toronto and Montreal. The groups were screened as follows:

Ottawa (Monday, December 14, 1998) 3 groups - heavy and light smokers ages 16-21; 22-30 and 31-50

Toronto (Tuesday, December 15, 1998) 3 groups - heavy and light smokers ages 16-21; 22-30 and 31-50

Montreal (Wednesday, December 16, 1998) 3 groups - heavy and light smokers ages 16-21; 22-30 and 31-50

The purpose of this project is to ascertain public attitudes, beliefs and awareness regarding slides (the sliding panel of a cigarette package) and of potential marker words (e.g. "WARNING") or pictorials (e.g. skull-and-crossbones) that might be used on slides. There was a particular focus on what locations on the slide would be most conspicuous.



## Smoking Behaviour and General Attitudes Towards Smoking

In order to facilitate the discussion we began with some very general discussion of participants' smoking behaviour as a way of getting the discussion started.

Virtually all participants reported having started smoking as teenagers. It was often associated with an act of rebellion against authority (i.e. parents and teachers). It was also often associated with making friends in high school and "hanging out", drinking coffee and smoking. Many spoke of the importance of "peer pressure" and how they found that once everyone they socialized with started smoking, they felt they had to follow suit in order to gain social acceptance. Others mentioned that smoking had become a habit and somewhat of an "oral fixation", that if they did not smoke they felt like they did not know what to do with their hands or would eat food instead.

Those who smoked smaller numbers of cigarettes on average, usually reported smoking more in certain very specific contexts, such as in conjunction with drinking (i.e. coffee or alcohol). Many of the older smokers saw smoking as a way of relieving "stress". Many of the 16 to 21-year olds were confident that they would eventually quit smoking once they began to have more responsibilities in life. Others had already tried to quit and had found it very difficult. Those that have tried to quit have often done so in the context of being pregnant or having small children.

Most smokers have tried to quit and most regret ever having started. This was particularly evident among the 31 to 50 year-olds, who frequently mention having had friends or family members who have died from smoking related illnesses. Many of them reported that their children or spouses put quit a bit of pressure on them to quit smoking and this was having an impact.

## Awareness of Health Risks from Smoking

Virtually all smokers are well aware of the fact that there are serious health risks from smoking. However, particularly in the case of younger smokers, they are often dismissive of the risks and feel that "everyone dies of something" or that "I will never live long enough to get cancer or a heart attack anyways".

The kinds of health concerns mentioned by the younger participants were also somewhat different from those mentioned by the older smokers. The younger people were more likely to mention such effects as shortness of breath, impaired athletic performance, and effects on breath and skin and teeth etc... in other words the younger smokers are more concerned about immediate health impacts from smoking which could have an impact on their social standing. They also mention being very much aware of such risks as cancer, heart disease and emphysema, but these health problems are seen to be so far in the future that the concerns seem a bit abstract. As mentioned above, many of the younger smokers still believed that they would be able to quite smoking in their early 20s, before they would have smoked long enough for there to be a major health impact.

Participants in their late 20s still exhibit some of the denial observed among the 16 to 21 year olds, but many reported that the health concerns are in the back of their minds to a greater and greater extent. Some are concerned that cancer runs in their family and other are trying to "bargain" with the facts by pointing out that not everyone who smokes necessarily dies from it.

The older smokers between the ages of 31 and 50 took the most sober view of the health risks from smoking. Several report that the messages on the cigarette packages stare them in the face all the time and are starting to scare them. Many of these people are now old enough to have friends or relatives that are in ill health or have died as a result of smoking. Many have children and are concerned about the effects of second hand smoke on their kids. They list a variety of concerns about the health impacts of smoking such as various forms of cancer and heart disease. Most people in this age group have tried to quit but are now resigned to the fact that they are addicted to smoking and cannot stop. Many often ask them selves "Why am I doing this?". A few people in each of the older groups are defiant about smoking and are completely dismissive of the health risks, but this is typically just a couple of people in each group.

## Sources of Information

Smokers cite a variety of sources of information about the health risks of smoking. These typically include media reports, word of mouth, parents (especially among the younger smokers), and children (among the older smokers). The younger smokers often mention being shown black lungs in school and being lectured about risks from smoking. Health care professionals such as doctors and nurses were also mentioned, though less often. For the most part smokers claim to already be inundated with health messages about smoking and do not feel that they need to know very much more than they already do. To the extent that they want more information it is usually focused around wanting more information about the toxic ingredients in cigarettes and wanting more fact-based information backed up by research.

Many smokers spontaneously mention the warning labels on cigarette packages as being a source of information about the health risks from smoking.

Smokers had somewhat conflicted attitudes towards the warning labels that currently appear on cigarette packages. Many claim never to read them, but all are aware of, and can often recite, the information on the packages. Many smokers avoid reading the warning labels because the messages on them make them feel uncomfortable. There is a high degree of superstition about them (i.e.: men will go out of their way to buy packs with the message: "Smoking during pregnancy can harm your baby"; pregnant women will avoid that one!)

Virtually all smokers claim that these warning messages will not make them quit smoking. Most do acknowledge that even if these messages will not make them quit, it is still good to get a reminder every now and then of the health risks of smoking. The warning labels may also act as a deterrent to new smokers and perhaps help people who are trying to motivate themselves to quit.

There was also a consensus that the warning messages had been the same for so many years that they had stopped noticing them, whereas in the beginning when the warning labels were something new, they had definitely taken notice.

Most smokers have, at some point, read the information about tar, nicotine and carbon monoxide content. Many want more of this kind of information, including longer lists of toxic constituents.

## Possible New Locations for Warning Messages

In this segment of the discussion, smokers were asked whether there were any other places in a pack of cigarettes where warning messages could be placed. Most smokers did not initially volunteer any additional places on a cigarette pack to place more health related information. In each group, a couple of people suggested placing messages on the cigarettes themselves and a few spontaneously mention placing information inside the pack in places such as the front and back of the flip top of the slide. Of the package

The vast majority of participants smoked cigarettes that come in the slide and shell format. Only a couple of people in each group smoked cigarettes in the flip-top format. One of the most noteworthy findings of this research was the extent to which smokers report that they do in fact look at the inside of the flap over the cigarettes (i.e. "the flip"). They also often look at the slide of the package. They reported that they would also look at the back of the slide if there were a calendar there or any other interesting information. Reaction to this question was typical of the often contradictory response from smokers about the extent to which they pay attention to different parts of the package. Most claimed that they never look at the back of the slide, yet, almost all are also aware of the fact that a calendar is sometimes present on the slide and when it is present, many of them apparently use it.

Another very significant finding of the research is the extent to which the currently blank space on the inside of the flip-top of the slide ("the flip") is used for various purposes by many smokers. Many mention that this is where they routinely write phone numbers and addresses and shopping lists etc... In many cases after the cigarettes are finished they will tear off this part of the slide and continue to refer to it long after. Many smokers reported having an almost emotional relationship with the blank space on the flip. It is their private space to write and take note of important things. It is a very convenient spot for them. Any warning message placed there would clearly be extremely conspicuous to many smokers.

The top part of the flap at the top of the slide (i.e. "the lip") often has some trademark information on it. Smokers do not appear to use this space for their own purposes as much as they do the flip.

## Health Information on the Slide

In this segment of the discussion, participants were asked about they thought could be placed on the flip and lip of cigarette packages. This elicited a wide variety of responses. First of an adamant minority wanted nothing there at all. These people want to enjoy their cigarettes in "peace" and do not want to be exposed to any messages that they may find disturbing. Some of the older smokers reported feeling particularly attached to that blank space on the flip of the slide. They felt that they would be very inconvenienced if it were taken up with health messages that would render the space useless for writing

down lists and phone numbers etc... There is also clearly a segment of smokers who simply do not want to be exposed to anymore potentially disturbing information about the health risks of smoking. Some smokers also mentioned that placing health information in this space would be a way of guaranteeing that the information could not be ignored.

The most frequent type of information that smokers mentioned wanting to see on the slide was information about toxic ingredients of cigarettes and more fact-based information about the risks of smoking. There were also some spontaneous mentions of wanting statistics about death rates and disease rates, or statements ending in a question mark regarding possible symptoms of smoking related illnesses. There is no question that when smokers are asked to volunteer types of health related information they want, by far the most popular type of information relates to toxic constituents and "additives". A number of participants mentioned having heard that there are "over 200" toxic "additives" in cigarette tobacco and they want to know more about this. Several smokers also mentioned the possibility of placing a contrast between a smoker's black lung and a non-smoker's healthy lung on the slide.

The idea of a 1-800 number on the slide with information on how to quit smoking was also very popular. Many felt that this was giving smokers a hand up instead of always "telling them they are going to die". This is seen to be empowering because it gives the smoker a chance to take action and get help. There was quite a bit of enthusiasm for these ideas because it would provide some constructive information that would offer smokers a way out, rather than always giving them a gloomy, negative message. It is also seen as being more voluntary and not as coercive as other anti-smoking approaches and initiatives.

There is less enthusiasm for listing information about products such as the patch or nicotine gum. It is seen to be inappropriate in that it would mean promoting a specific commercial product. The consensus was that the 1-800 number on quitting smoking would be the logical place for people to call for information on these products. Some participants also mentioned the fact that many of these products are quite expensive and that if the government really wants to help people quit smoking, they should offer free samples etc...

There was also quite a bit of support for putting pictures or graphic on the slide, such as a picture of a person with mouth cancer or a women with a hole in her neck due to a tracheotomy. These were seen as ways of shocking people and also as a way of penetrating people who do not respond to written types of information.

It was also suggested that the flip at the top of the slide could be a place to put a small amount of information with a directive to look at the back of the slide for more detailed information. The back of the slide could then be the place to have a longer article on some specific health related topic. The idea of alternating the use of text with some actual pictures or graphic images was popular.

Participants did not have particularly strong feelings about the virtues of using a text-based approach in messages as compared to relying more on pictures, graphics, or statistics. The consensus was that all of these approaches are suitable for different types of information and as a way of reaching different people who will respond to different formats. The most important think was to try to keep varying the formats and the message as a way of keeping people paying attention.

## Marker Words and Icons

In this segment of the research, participants were shown a series of words that could appear on the slide of cigarette packages before warning labels or health messages, or in front of any new information. The words tested were: "Caution", "Warning", "Hazard", "Danger", "Note" and "Poison". In general, smokers did not feel that putting these sorts of marker words on cigarette packages would add very much to the warning labels, though there could be something to be said for picking one of these words and systematically using it to precede all health related messages.

There was a very clear consensus in all of the Toronto and Ottawa groups that by far the strongest marker word is seen to be "Poison". It was felt that this word stands out from all the others in terms of the extent to which it attracts peoples' attention. It also fits in well with any new messages informing people about toxic constituents. People felt that anytime one sees the word poison it immediately attracts attention and is associated with extreme danger. Other possible marker words such as "Danger" and "Warning" are associated with more immediate physical dangers such as rockslides or bungee jumping. These words were often mentioned as possible second choices after poison, but they were clearly not seen to be nearly as effective. There is too much of an association of these words with road safety and high way signs and these are not appropriate linkages with the health messages on cigarettes. The word "poison" is clearly the one that catches peoples' attention. It is seen to be a credible word because virtually all of the smokers acknowledge that tobacco is a poison.

Words such as "Caution" and "Warning" were seen to be somewhat ambiguous and implying a "flashing yellow light and not a red light!". One participant said that the word "Caution" implied "do it, but be careful".

In Montreal, opinion was much more mixed in terms of which marker word was most favoured. "Poison" was still seen to be the most effective, but significant numbers of participants also saw some merit in using words such as "Attention" and "Remarque".

Participants were next shown a series of icons and graphics that could be placed on the slide. These included the following: a skull and crossbones, black lungs, a stop sign, a yield sign and a stylized tombstone. Participants were asked to discuss how they rated these icons in terms of the degree of hazard they represent.

For the most part, participants were quite critical of all of these icons. The black lungs and to a lesser extent the skull and crossbones were seen to be the icons representing the greatest degree of hazard. However, participants felt that there were pitfalls involved in using either of these.

There was no question that the skull and crossbones symbol represents a high degree of hazard to most people. However, it is a powerful universal symbol for immediate poison. In other words it is usually used to indicate that a substance could cause immediate death. Some participants were not sure whether it would be wise to juxtapose smoking a cigarette with drinking turpentine, given that cigarettes are still a legal product and one which does not cause death within minutes of its being consumed. The power of the skull and crossbones symbol could be jeopardized if it was used on a product such as cigarettes. This symbol was also seen by some as being a bit too strong and sensational and being almost laughable in that it is also a symbol associated with pirates and Hallowe'en. Other participants felt that if the marker word "Poison" were used, then it would be appropriate to also use the skull and cross bones as they would both add to the image of danger.

The icon of a black lung was also seen to be one that clearly represents hazard, though it was felt that if the black lung were to be used, it should perhaps be contrasted with a healthy lung. It could also be useful as part of a "before and after smoking" spread. It was also suggested that if the black lung were ever used it would have to be in conjunction with a message about the impact of smoking on lungs.

The other icons did not test well at all. The tombstone was seen to be almost humourous and a bit silly and "Hallowe'en-like". Both the Stop and Yield signs were described as being just traffic signs that people often ignore. Yield in particular was seen as a very weak symbol, implying yielding for a moment and then proceeding.

### **Reaction to Actual Mock-Ups of Cigarette Packages**

Participants were then shown a series of mock-ups of cigarette packages with different kinds of messages, icons and marker words on the slide as a way of illustrating the concepts discussed above.

When participants viewed these actual mock-ups of cigarette packages, they were quite enthusiastic about the idea of placing messages both on the "lip" of the slide and to an even greater extent on the flip underneath the lip of the slide. This was seen as a place that would have a clear impact on the smoker. It would be very difficult to ignore a message in such a location. Smokers mentioned again the extent to which they often make use of this currently blank piece of the slide and how if it started containing messages, these would be difficult to ignore.

In every group there was a strong consensus that the flip under the slide (where smokers currently write phone numbers and directions) is easily the single most conspicuous place

on a cigarette package to place a message – if the target audience is existing smokers. It could be especially effective if messages were placed on both the flip and lip that also worked in synergy with each other. Many people also felt that this was a good place to put a punchy message with an indicator that more detailed information was available elsewhere. A couple of smokers seemed to regret the idea that placing health messages here would take away a piece of the cigarette package they had thought they “owned”. Most still liked the idea of putting messages here, or else were resigned to the prospect of writing phone numbers over and around a warning message.

The use of red marker word such as “caution” alongside the warning label was seen to be a bit of an improvement on the status quo. But, this was not seen to be at all as effective as going inside the pack. The thing people lied best about the marker word was not so much the word as the use of red in the lettering. This suggests that simply varying the colour of the messages would go a long way to making them more noticeable.

### **Messages and Information for the Back of the Slide**

Finally, participants were shown a series of possible longer health information messages that could be placed on the back of the slide of a cigarette package. The initial consensus was that the back of the slide was not as place that a smoker would often look at. However, it was also suggested that this could be a different story if there was a line elsewhere on the pack telling the smoker that there was more detailed information on the back of the slide. Some participants did mention that sooner or later a smoker would read virtually everything written on a cigarette package, even if they do not read it every single time.

The texts that were circulated as possible things to place on the back of the slide were well received. These included: “Risk to Your Family”, “Children at Risk”, “Warning - Impotence”, “Warning – Addiction” and “Warning – Cancer”. People found the content of all of these to be quite interesting. Participants liked this kind of detailed scientific information that seemed to teach them something rather than simply lecturing them. Older smokers were especially receptive to this kind of detailed information on health risks – especially since the messages about risks to children and impotence may be more relevant to an older person.

Many people mentioned that they also appreciated both the 1-800 number and the website address for information on how to quit smoking. Several people were especially interested in the message about impotence that contained a lot of information that was not necessarily common knowledge.

The consensus was that the back of the slide could be a good place to run truly detailed information of this kind that requires more space. The smoker would have the option of reading it “at some point”. Others suggested putting this same information on a little fold-out piece of paper that could also be useful as something to include in cigarette packages that use the flip-top format.

## **Image of Gangrene Foot**

At the conclusion of the groups participants were shown a detailed text a colour graphic about gangrene and its link with smoking. Participants were initially shocked by the image of a gangrened foot. However, this was generally seen to be overkill. No one had ever heard of gangrene as a consequence of smoking and no one ever knew anyone who had been afflicted with smoking related gangrene. Gangrene is associated more with diabetes etc... the consensus was that a picture of this nature should focus more on lung or mouth diseases – illnesses that are commonly known to be linked to smoking. It was felt that while this was a shocking and repulsive image – it was simply too unbelievable to make very much real impact. One woman said “shock images are fine, but let's focus on lungs and not feet”.

**Tobacco Packaging Research (PN4385)**  
**Slide and Flip-top messages**  
**Final Discussion Agenda**

**Introduction (5 minutes)**

Introduction to focus group procedures  
We want your opinion  
Feel free to agree or disagree  
You are being taped and observed  
There will be a 10 minute break  
You will be paid by the hostess at the end

**Smoking Behaviour and Attitudes (10 minutes)**

Let's go around the table so that each of you can tell us your name and a little bit about yourself and also a bit about your smoking background (i.e.: How much do you smoke? At what age did you start?)

When do you smoke? Why do you smoke? Why did you start smoking in the first place?

**Knowledge of Health Risks (5 minutes)**

What are your opinions of the health risks of smoking? Are you worried about the health risks associated with smoking?

What kind of concerns do you have?

Have you ever tried to quit smoking?

**Current Awareness of Warning Labels and Sources of Information (5 minutes)**

How would you say that you learned most of what you know about the health risks of smoking? PROBE – school, parents, media reports, information on the packs themselves

What currently appears on cigarette packs that tells you anything about health risks from smoking?

Warning labels?

Tar, nicotine and carbon monoxide levels?

When/how often do you read these warnings?

Are there any other parts of a cigarette package where there could be more information?  
**PROBE**

### **Slides and Flip-tops (15 minutes)**

What type of package does the cigarette brand that you usually smoke come in? Is it a slide and shell or a flip-top? Or do any of you smoke a soft pack/ "crushable" pack (i.e. like Winston's)

Do you ever look at the part that slides out of a cigarette package? **SHOW EXAMPLE**

Is there ever anything written on the front or back of the part that slides out of the cigarette package? **PROBE:** calendar, tobacco info., health info?

What about the flip-top? **SHOW EXAMPLE**, does anything ever appear on the flip-top?

What kinds of information do you think it would be good to have on the slide or the flip-top of cigarette packages? **PROBE**

Here are some possible things that could be placed on the slide of cigarette packages.  
What do you think of each of these possibilities?

Lists of toxic chemicals in cigarettes

Pictures, graphics or written information about the health effects of smoking

A 1-800 number to call for tips on quitting smoking and related health information

Information on products to help quit smoking, such as the patch, nicotine gum, etc.

As you know, there are many ways that information can be portrayed in a place like the back of the slide of a cigarette package. For example we can have text explaining something, we can have a diagram or a picture demonstrating something, we can have a chart or graph showing something, OR we can have statistics and numbers.

What are the pros and cons of each of these approaches?

Text (words), Diagram (picture or icon), Graph (chart), Statistics (numbers)

Are there any other ways you can think of to show information?

Here is a list of words that could appear on the slide of cigarette packages. These words could come before warning messages or labels or in front of any new information.

Which **ONE** of the following words do you see as being strongest in terms of the degree of hazard it represents? **CIRCULATE LIST OF WORDS**

**Caution**

**Warning**

**Hazard**

**Danger**

**Note**

**Poison**

### **Reaction to Icons (5 minutes)**

Now, here are some icons and graphics that could be put on the slide. Which of these graphics, icons or pictures do you see as being the strongest in terms of the degree of hazard it represents? **CIRCULATE PAGE WITH ICONS**

**Skull and crossbones**

**Black lung**

**Stop sign**

**Yield sign**

**Tombstone**

### **Reaction to Actual Mock-ups (10 minutes)**

Here are some examples I have of mock-ups of cigarette packages with different kinds of messages on the slides. Let's all look at them and then discuss what you all think.  
**SHOW AND CIRCULATE MOCK-UPS**

Message on slide and flip-top – what do you think? How noticeable is it?

What is more noticeable – a message on the lip of the slide or one on the flip?

What about marker words with warning label in existing placement – what do you think?  
How noticeable is it?

What are the pros and cons of these approaches?

Here are some possible messages to put on the back of the slide: **CIRCULATE FLATS  
OF BACKS OF SLIDES**

“Risk to your family”, “Children at risk”, “Warning-Impotence”, “Warning – Addiction”,  
“Warning – Cancer”

What do you think of these?

What about the 1-800 number for info. On quitting smoking? What do you think of that?

Finally, here is one last mock-up – **SHOW GANGRENED FOOT MOCK-UP**

What do you think of this one?

**THANK YOU FOR YOUR PARTICIPATION**







Oxford.

ESSELTE



10%